

GOUT: The Forgotten Inflammatory Arthritic Disease

SCEPTER™ values your opinions in helping us further our commitment to excellence in our educational programs. **NOTE:** a CME certificate is issued only upon receipt of your completed evaluation form. We will be sending you an additional questionnaire in approximately 2 months to help determine the enduring value and improve our programs.

PLEASE ANSWER THE FOLLOWING QUESTIONS BY CIRCLING OR CHECKING THE APPROPRIATE RATING:

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
1) Overall, how satisfied are you with this program?	1	2	3	4	5
2) Please indicate how you feel about the following statements concerning this program:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. The program met the stated educational objectives.	1	2	3	4	5
Upon completion of the program, participants will be able to:					
• Discuss the pathophysiology of hyperuricemia for a better understanding of the symptomatology and treatment options in patients with gout	1	2	3	4	5
• Recognize the clinical and laboratory criteria for diagnosis of acute and chronic gout	1	2	3	4	5
• Differentiate among current treatment options for the long-term management of patients with gout	1	2	3	4	5
• Apply a patient-centered negotiation to individualize long-term management	1	2	3	4	5
b. The information presented in this activity was pertinent to my professional needs	1	2	3	4	5
c. The program was well organized	1	2	3	4	5
d. Did you have an opportunity ask questions?	1	2	3	4	5

3) I would recommend this program to a colleague. Yes No
 Why / Why not recommend this program?

4) This program was free of commercial bias. Yes No
 If no, please describe the bias:

5) Please rate the faculty using the following scale: 1 = Poor 2 = Fair 3 = Average 4 = Good 5 = Excellent

Faculty	Knowledge of Subject Matter					Effectiveness of Delivery				
Dave T. Foss, FNP	1	2	3	4	5	1	2	3	4	5
Louis Kuritzky, MD	1	2	3	4	5	1	2	3	4	5
Eric T. Mizuno, MD	1	2	3	4	5	1	2	3	4	5

COMMENTS

1) Is there any ONE thing that you learned at this program which you can apply, in the next six months that will affect your patient's healthcare outcomes?
 Yes No Not Applicable
 Please explain:

2) How would you improve this program?

3) What topics, speakers, etc. would you like to see in future programs?

OUTCOMES QUESTIONS

1. Which of the following is **NOT** associated with an increased risk of developing gout?
 - A. Hypertension
 - B. Male gender with BMI of ≥ 35 kg/m²
 - C. Consumption of low-fat dairy products
 - D. Alcohol consumption

2. The definitive diagnosis of gout is made by the identification of monosodium urate crystals in the fluid from joint aspiration.
 - A. True
 - B. False

3. First-line therapy of an acute gouty attack includes all of the following EXCEPT
 - A. Colchicine
 - B. NSAIDs
 - C. Steroids
 - D. Urate-lowering therapy

4. The goal of urate-lowering therapy is to consistently maintain serum uric acid levels at
 - A. <7.0 mg/dL
 - B. <6.5 mg/dL
 - C. <6.0 mg/dL
 - D. <5.5 mg/dL

5. Regarding the febuxostat vs allopurinol phase 3 randomized controlled trial in subjects with gout and serum uric acid ≥ 8.0 mg/dL, which of the following statements is correct?
 - A. The primary end point was the reduction in tophus area
 - B. Significantly more patients in the febuxostat arms than in the allopurinol arm achieved a serum uric acid of <6.0 mg/dL at the last 3 monthly visits
 - C. The incidence of gout flares during weeks 9-52 was significantly lower in the allopurinol arm than in the febuxostat arms
 - D. None of the above

DEMOGRAPHICS

- 1) What is your primary profession? (Please choose the one area that best fits you.)
 - Physician
 - RN
 - Nurse Practitioner
 - Other: _____
 - Physician Assistant
 - LPN/LVN
 - Pharmacist
- 2) What is your primary specialty? (Please choose the one area that best fits you.)
 - Rheumatology
 - Other: _____
 - Primary Care
- 3) How did you first learn about this program?
 - Brochure
 - Telephone Reservations Center
 - Advertisement
 - Colleague
 - Website / internet
 - Fax
 - E-Mail
 - Other: _____
- 4) Please check the top three (3) reasons why you decided to participate in this activity?
 - Quality of speakers
 - Apparent value for expense
 - Convenience of format
 - Needed credits
 - Topics
 - Other: _____
- 5) How many patients with gout do you typically see each year?
 - None
 - 11-25
 - More than 50
 - 1-10
 - 26-50

ADDITIONAL INFORMATION

Future Programs

- Yes, SCEPTER has my permission to fax and/or e-mail information to me about future CE activities.

To better define and meet the CME needs of health care professionals and enhance future CME activities, SCEPTER will conduct an outcomes measurement survey following the conclusion of the program. This follow-up survey is designed to measure changes to attendees' practice behaviors that are a result of their participation in this CME activity. We greatly appreciate your participation.

CONTACT INFORMATION

NOTE: we require completion of this information in order to receive credit for participation in this educational activity

Name: _____ Degree: MD DO PharmD RPh NP RN PA Other _____

Specialty: _____ Profession (if other than degree): _____

Affiliation: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

Please check one

- Physician:** To receive a maximum of 1.0 *AMA PRA Category 1 Credit*[™]
- Pharmacist:** To receive a maximum of 1.0 contact hour (0.1 CEUs) ACPE
- Nurse:** To receive a maximum of 1.0 CNA/ANCC contact hours
- Other:** To receive a certificate of completion

I certify my actual time spent to complete this educational activity to be _____ hour(s). (Maximum of 1.0 hour)

Signature _____

OBTAINING CREDIT

You may fax or mail the completed form to the address listed below.

SCEPTER

Attn: Sharine Newby
8 Skyline Drive
Hawthorne, New York 10532
Fax: 1-866-401-4145

Healthcare professionals will receive a CE certificate via US Mail within 3-4 weeks upon receipt of the completed evaluation form.

Thank you for your participation.